Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: PRINTING MACHINE

Attorney Docket Number:: 0502-1025

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Inventor Applicant Authority Type::

Primary Citizenship Country:: FRANCE

Full Capacity Status::

PIERRE Given Name::

Middle Name::

SIMON Family Name::

Name Suffix::

ORLEANS City of Residence::

State or Province of

Residence::

FRANCE Country of Residence::

42, RUE ALEXANDRE DUMAS Street of Mailing

Address::

ORLEANS City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45100

Inventor Applicant Authority Type:: FRENCH

Primary Citizenship Country::

Full Capacity Status::

BERNARD Given Name::

Middle Name::

SIX Family Name::

Name Suffix::

OLIVET City of Residence::

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 144, RUE DES VANNEAUX

Address::

OLIVET City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45160

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR03/02428	7/31/03

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	02.09721	7/31/02	Yes

Assignment Information

Assignee Name::

KOMORI-CHAMBON SA

Street of Mailing 6, RUE AUGUSTE RODIN

Address::

City of Mailing Address::

ORLEANS

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: F-45060